CERTIFICATE OF PREVIOUS IMMUNIZATION AND RECORDS OF DISEASES

Date:

Name: Date of birth: Sex:

1) Records of Immunization

Type of Immunization	Lot No.	Date of Vaccination
BCG	KH069	27 Mar. 2006
DTaP[1] 1st	32B	26 May. 2006
DTaP 2nd	33A	30 Jun. 2006
DTaP 3rd	33B	19 Aug. 2006
DTaP 4th	AM003B	29 Sep. 2007
DTaP 5th	3E19A	15 Oct. 2013
TOPV[2] 1st	46	6 Sep. 2006
TOPV 2nd	47	12 May. 2007
IPV	J0176	15 Oct. 2013
MR[3] 1st	MR009	25 Nov. 2006
MR 2nd	MR155	26 Jul. 2011
Japanese encephalitis 1st	JR014	29 Aug. 2009
Japanese encephalitis 2nd	JR014	29 Sep. 2009
Japanese encephalitis booster	JR063	8 Apr. 2011
Varicella 1st	VZ052	19 Dec 2008
Varicella 2nd	—	—
Mumps 1st	LA010	25 Sep. 2008
Mumps 2nd	LF015A	15 Oct. 2013
Hepatitis A 1st	—	—
Hepatitis A 2nd	—	—
Hepatitis A booster	—	—
Hepatitis B 1st	—	—
Hepatitis B 2nd	—	—
Hepatitis B booster	—	—

[1]DTaP: Diphtheria, Tetanus, acellular Pertussis, [2]TOPV:Trivalent oral polio vaccine, [3]MR: Measles, Rubella

2) Records of Past History and Results of Antibody Titer

Name of Disease	Date of Infection	Serum Antibody Titer (Method, Titer, Date)
Varicella	Apr. 2010	

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